## Issue Classification

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| T, | Application/Control No. | Applicant(s)/Patent Under Reexamination |  |  |  |  |  |  |  |
|----|-------------------------|---|--|--|--|--|--|--|--|
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| ı  | 10590499                | SMITH, WARREN JOHN                      |  |  |  |  |  |  |  |
|    |                         | ,                                       |  |  |  |  |  |  |  |
|    | Examiner                | Art Unit                                |  |  |  |  |  |  |  |
|    |                         |   |  |  |  |  |  |  |  |
|    | Paul A Zucker           | 1621                                    |  |  |  |  |  |  |  |

| ORIGINAL       |                                      |          |         |    |      |         | INTERNATIONAL CLASSIFICATION |                      |   |                      |          |  |             |  |  |  |  |
|----------------|--------------------------------------|----------|---------|----|------|---------|------------------------------|----------------------|---|----------------------|----------|--|-------------|--|--|--|--|
| CLASS SUBCLASS |                                      |          |         |    |      | CLAIMED |                              |                      |   |                      |          |  | NON-CLAIMED |  |  |  |  |
| 560 232        |                                      |          |         | С  | 0    | 7       | С                            | 67 / 36 (2006.01.01) |   |                      |          |  |             |  |  |  |  |
|                | CF                                   | ROSS REF | ERENCE( | S) |      | С       | 0                            | 7                    | С | 51 / 12 (2006.01.01) |          |  |             |  |  |  |  |
| CLASS          | SS SUBCLASS (ONE SUBCLASS PER BLOCK) |          |         |    | OCK) |         |                              |                      |   |                      |          |  |             |  |  |  |  |
| 562            | 519                                  |          |         |    |      |         |                              |                      |   |                      |          |  |             |  |  |  |  |
|                |                                      |          |         |    |      |         |                              |                      |   |                      |          |  |             |  |  |  |  |
|                |                                      |          |         |    |      |         |                              |                      |   |                      |          |  |             |  |  |  |  |
|                |                                      |          |         |    |      |         |                              |                      |   |                      |          |  |             |  |  |  |  |
|                |                                      |          |         |    |      |         |                              |                      |   |                      |          |  |             |  |  |  |  |
|                |                                      |          |         |    |      |         |                              |                      |   |                      |          |  |             |  |  |  |  |
|                |                                      |          |         |    |      |         |                              |                      |   |                      |          |  |             |  |  |  |  |
|                |                                      |          |         |    |      |         |                              |                      |   |                      |          |  |             |  |  |  |  |
|                |                                      |          |         |    |      |         |                              |                      |   |                      |          |  |             |  |  |  |  |
|                |                                      |          |         |    |      |         |                              |                      |   |                      | $\vdash$ |  |             |  |  |  |  |
|                |                                      |          |         |    |      |         |                              |                      |   |                      | 1        |  |             |  |  |  |  |
|                | <del> </del>                         |          |         |    |      |         |                              |                      |   |                      |          |  |             |  |  |  |  |

| $\boxtimes$ | Claims re | Claims renumbered in the same order as presented by applicant |          |       |          |       | СР       | Α [   | ] T.D.   | ☐ R.1.47 |          |       |          |       |          |
|-------------|-----------|---|----------|-------|----------|-------|----------|-------|----------|----------|----------|-------|----------|-------|----------|
| Final       | Original  | Final   | Original | Final | Original | Final | Original | Final | Original | Final    | Original | Final | Original | Final | Original |
|             | 1         |   | 17       |       | 33       | 15    | 49       | 31    | 65       |          |          |       |          |       |          |
|             | 2         |   | 18       | 1     | 34       | 16    | 50       | 32    | 66       |          |          |       |          |       |          |
|             | 3         |   | 19       | 2     | 35       | 17    | 51       | 33    | 67       |          |          |       |          |       |          |
|             | 4         |   | 20       | 3     | 36       | 18    | 52       | 34    | 68       |          |          |       |          |       |          |
|             | 5         |   | 21       | 4     | 37       | 19    | 53       | 35    | 69       |          |          |       |          |       |          |
|             | 6         |   | 22       |       | 38       | 20    | 54       | 36    | 70       |          |          |       |          |       |          |
|             | 7         |   | 23       | 5     | 39       | 21    | 55       |       |          |          |          |       |          |       |          |
|             | 8         |   | 24       | 6     | 40       | 22    | 56       |       |          |          |          |       |          |       |          |
|             | 9         |   | 25       | 7     | 41       | 23    | 57       |       |          |          |          |       |          |       |          |
|             | 10        |   | 26       | 8     | 42       | 24    | 58       |       |          |          |          |       |          |       |          |
|             | 11        |   | 27       | 9     | 43       | 25    | 59       |       |          |          |          |       |          |       |          |
|             | 12        |   | 28       | 10    | 44       | 26    | 60       |       |          |          |          |       |          |       |          |
|             | 13        |   | 29       | 11    | 45       | 27    | 61       |       |          |          |          |       |          |       |          |
|             | 14        |   | 30       | 12    | 46       | 28    | 62       |       |          |          |          |       |          |       |          |
|             | 15        |   | 31       | 13    | 47       | 29    | 63       |       |          |          |          |       |          |       |          |
|             | 16        |   | 32       | 14    | 48       | 30    | 64       |       |          |          |          |       |          |       |          |

| NONE  | Total Claims Allowed: |                     |                   |  |  |
|---|-----------------------|---------------------|-------------------|--|--|
| (Assistant Examiner)                              | (Date)                | 3                   | 0                 |  |  |
| /Paul A Zucker/<br>Primary Examiner.Art Unit 1621 | 10/09/2008            | O.G. Print Claim(s) | O.G. Print Figure |  |  |
| (Primary Examiner)                                | (Date)                | 1                   | NONE              |  |  |